

09/07/2018 15:31 becky p

(FAX)

278227

P.001/014

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

McCormick County Senior Center
dba Talmadge Tours & Travel

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018 - 290 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Becky Powell Moon

Telephone: 864-465-2626

Address: PO Box 684

Fax: 864-465-2822

McCormick, SC 29835

Other:

Email: beckypowell@mcsc-mat.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
SEP 07 2018
PSC SC
CLERK'S OFFICE

[Handwritten signature]

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

09/06/2018 17:42 becky p

(FAX)

P.002/011

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: September 5, 2018

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

McCormick County Senior Center

1. *dba* Talmadge Tours & Travel
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1421 South Main St, McCormick, SC 29835

Street Address of Applicant

PO Box 684, McCormick, SC 29835

Mailing Address of Applicant (if different from street address)

864-465-2626

Phone

864-465-2822

Fax

beckypowell@mcsc-mat.org

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one)
- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and addresses of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Arthur Banks, Board President 578 Calhoun-Mills Rd, Calhoun Falls, SC 29628

James Lambeth, Board Vice President 103 Jamestown Terrace, McCormick, SC 29835

P.003/011

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
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[illegible]

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(FAX)

P.004/014

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

McCormick County Senior

Name of Applicant

PO Box 684, McCormick, SC 29835

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 2,100

Limits \$600,00/1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Insurance Reserve Fund

Name of Insurance Company

1201 Main St-Suite 500, Columbia, SC 29201

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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(FAX)

P.005/014

INSURANCE IDENTIFICATION CARD

INSURER: State Fiscal Accountability Authority
Insurance Reserve Fund
1201 Main Street, Suite 500
Columbia, South Carolina 29201

INSURED: MCCORMICK COUNTY
SENIOR CENTER
POST OFFICE BOX 684
MCCORMICK, SC 29835

ADJUSTER: CALL: 1-800-713-2205 WEB: www.irs.sc.gov
AMERICAN SOUTHERN INSURANCE COMPANY
1611 DEVONSHIRE DRIVE STE 102
COLUMBIA SC 29204-2444

POLICY NUMBER**EFFECTIVE DATE****EXPIRATION DATE**

LT30330418

10/28/2017

10/28/2018

This card must be kept in the insured vehicle and presented upon demand. All vehicles owned, leased or borrowed by the insured are covered. In case of accident obtain all available information such as names of people involved, date, time and location of accident, witnesses, etc.

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(FAX)

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STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND
 POST OFFICE BOX 11066
 COLUMBIA SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER	FROM	POLICY PERIOD	TO	TYPE OF INSURANCE	DATE PRINTED
1130330418	10/28/2017	10/28/2018		AUTOMOBILE LIABILITY	20 OCT 2017

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
 CD-12 CD-20

NAMED INSURED AND ADDRESS	CONTACT PERSON AND PHONE	FORM #	PAGE
MCCORMICK COUNTY SENIOR CENTER POST OFFICE BOX 684 MCCORMICK, SC 29835	BECKY POWELL (864) 465-2626		6 OF 7
TYPE OF ACTIVITY			ACTIVITY #
*** RENEWAL DECLARATION ***			001

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

1 OF 1

NUMBER OF VEHICLES	RATE PER VEHICLE	PREMIUM
12	380.00	4,560.00

COVERAGE

LIMIT OF LIABILITY

1,000,000 COMBINED SINGLE LIMIT EACH ACCIDENT

MEDICAL PAYMENTS

1,000 EACH PERSON

UNINSURED MOTORISTS COVERAGE - BASIC LIMITS

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(FAX)

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Exhibit Fit, Willing, and Able (FWA)

McCormick County Senior Center dba Talmadge Tours & Travel

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Becky Powell Moon
Applicant's Signature

Executive Director
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF McCormick)

SWORN TO BEFORE ME
This 6th day of September 2018

Nicole Edwards
Notary Public

Commission Expires 8-13-22

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(FAX)

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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

McCormick County Senior Center dba Talmadge Tours & Travel

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Becky Powell Moon, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Becky Powell Moon
Applicant's Signature

SWORN TO BEFORE ME

This 10th day of September, 2018

Michael Edwards
Notary Public

Commission Expires 8-13-22

Print Application

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(FAX)

P.011/011

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

MCCORMICK COUNTY SENIOR CENTER,

a corporation duly organized under the laws of the State of South Carolina on January 27th, 1972, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State at Columbia this 4th day of
September, 1997.

A handwritten signature of Jim Miles in cursive script.

Jim Miles, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual report with the Tax Commission. It is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed

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(FAX)

P.007/011

The S. L. Hesse Company

7638

IN 0100

The State of South Carolina } CERTIFICATE OF INCORPORATION
EXECUTIVE DEPARTMENT } BY THE SECRETARY OF STATE

WHEREAS,

Curtis E. Baggett, Billie Greene, Ronnie N. Johnson

of

McCormick, S. C.

two or more of the officers or agents appointed to supervise or manage the affairs of

McCORMICK COUNTY COUNCIL ON AGING

which has been duly and regularly organized, did on the 27th day of

January, A. D. 1972, file with the Secretary of State a written declaration setting forth:

That, at a meeting of the aforesaid organization held pursuant to the by-laws or regulations of the said organization, they were authorized and directed to apply for incorporation.

That, the said organization holds, or desires to hold, property in common for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose, or any two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above stated, nor for the insurance of life, health, accident or property; and that three days notice in the McCormick Messenger, a newspaper published in the County of McCormick, has been given that the aforesaid Declaration would be filed.

AND WHEREAS, Said Declarants and Petitioners further declared and affirmed:

FIRST: Their names and residences are as above given.

SECOND: The name of the proposed Corporation is MCCORMICK COUNTY COUNCIL ON AGING

THIRD: The place at which it proposes to have its headquarters or be located is, McCormick, South Carolina

FOURTH: The purpose of the said proposed Corporation is to establish, hold, support, maintain and operate, on a non-profit basis, programs and services designed to promote the physical, mental, social and spiritual welfare of the aging of McCormick County, in cooperation with existing agencies, institutions, and organizations.

FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:

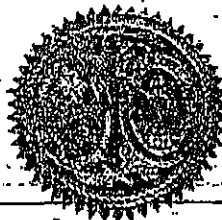
Curtis E. Baggett, McCormick, S. C., President
Ronnie N. Johnson, McCormick, S. C., 1st. Vice President
Sam Settles, McCormick, S. C., 2nd. Vice President
Billie M. Greene, McCormick, S. C., Sec.-Treas.

SIXTH: That they desire to be incorporated: in perpetuity

Now, Therefore, I, O. FRANK THORNTON, Secretary of State, by virtue of the authority in me vested by Chapter 12, Title 12, Code of 1962, and Acts amendatory thereto, do hereby declare the said organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by said Chapter 12, Title 12, Code of 1962, and Acts amendatory thereto.

GIVEN under my hand and the seal of the State, at Columbia,
this 27th day of January
in the year of our Lord one thousand nine hundred and
72 and in the one hundred and 86th
year of the Independence of the
United States of America.

O. FRANK THORNTON,
Secretary of State.



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(FAX)

P.008/011

Application for Amendment of Eleemosynary Charter

Filing Fee \$2.50.

For Use By The Secretary of State
File No. _____
Form No. _____
Fee Paid \$ _____
G. B. _____
Date _____
File _____ Page _____

THE STATE OF SOUTH CAROLINA,

County of McCormick

To the Secretary of State of South Carolina:

WHEREAS, There was issued by the Secretary of State a charter dated January 27, 1972
 constituting and creating McCormick County Council on Aging
 into an eleemosynary corporation, under the laws of this State, with its principal place of business at
Augusta Street in the City of McCormick
 (Street and No.)
 County of McCormick and the State of South Carolina, empowering it to engage in the business as set
 forth in Declaration and Petition.

The undersigned, representing a majority of the duly elected and qualified members present after due notice,
 hereby certify that not less than five days notice (a copy of which is hereto attached) was given in the
McCormick Messenger a newspaper published in the
 County of McCormick on Feb. 17, 1983 or (by written notice
 Certified mailed to each member) of a meeting of members on Feb. 24, 1983
 which notice stated the time and place of meeting and the purpose thereof.

And further, that said meeting was duly held pursuant to notice, and a resolution was adopted by a majority vote
 as follows:

Insert Resolution

In the event of dissolution, the residual assets of the organization will be turned
over to one or more organizations which themselves are exempt as organizations
described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954
or corresponding sections of any prior or future law, or to the Federal, State, or
local government for exclusive public purposes.

And, further, your petitioners certify that they have complied in all respects with Section 33-31-130, of the Code
 of Laws of South Carolina, 1976, and all amendments thereto.

Wherefore they pray that the charter of the said McCormick County Council on Aging

be so amended.

Dated at McCormick, S.C. This 24 day of February, 1983

DIRECTORS OR AUTHORIZED MANAGING BOARD MUST SIGN BELOW

(Please type or print name opposite signature)

<u>Julia B. Reedy</u> (Signature)	<u>Julia B. Reedy</u> (Type or Print Name)
<u>Edith Talbert</u> (Signature)	<u>Edith Talbert</u> (Type or Print Name)
<u>Catherine S. Hanna</u> (Signature)	<u>Catherine S. Hanna</u> (Type or Print Name)
<u>Martha J. Patterson</u> (Signature)	<u>Martha J. Patterson</u> (Type or Print Name)
<u>Geraldine M. Ware</u> (Signature)	<u>Geraldine M. Ware</u> (Type or Print Name)
<u>Karen B. Bullard</u> (Signature)	<u>Karen B. Bullard</u> (Type or Print Name)
<u>Donald D. Nash</u> (Signature)	<u>Donald D. Nash</u> (Type or Print Name)
<u>Jennings B. Lyon</u> (Signature)	<u>Jennings B. Lyon</u> (Type or Print Name)

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(FAX)

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Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: August 30, 1999

Person to Contact:
Mary Freudenberg #31-03512
Customer Service Representative
Telephone Number:
877-829-5500
Fax Number:
513-684-5936
Federal Identification Number:

McCormick County Senior Center
P.O. Box 684
McCormick, SC 29835-0684

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in May 1972 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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(FAX)

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McCormick County Senior Center

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

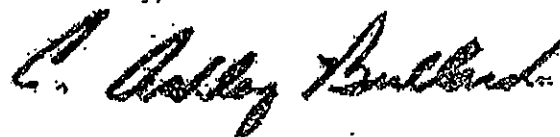
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director-